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THE UNIVERSITY OF ALBERTA

EFFECTS OF SURVIVAL CAMPING ON SELF CONCEPT

©

BY

PIERRE BERUBE

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF EDUCATION

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled EFFECTS OF SURVIVAL CAMPING ON SELF CONCEPT submitted by PIERRE BERUBE in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

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Abstract

The purpose of this descriptive study was to explore whether a short term survival camping program could enhance the self concept of participating institutionalized behaviorally disturbed boys from Westfield. Westfield is a residential treatment center located in Edmonton, Alberta. It is owned and operated by the Government of the Province of Alberta, and was set up for the care of emotionally and behaviorally disturbed boys and girls between the ages of six and sixteen.

The camping program used in the study was developed by Gene Cummings, former director of staff development for Washington State Mental Health Programs. There are various components to the camp, including not only survival, but also skills development, and various exercises aimed at developing competence at many levels, and an awareness of one's personal resources.

Six Westfield boys between the ages of twelve and sixteen took part in a five day survival camp. Another six Westfield boys were selected to form a comparison group. The Tennessee Self Concept Scale was administered to both groups before and after the camp, and the results were compared to test the following null hypothesis: the self concept scores of the camp group did not increase by a greater amount than those of the no-camp group.

All twelve boys scored very low on their pre-tests. Results from the post-tests showed an increase in the self concepts of both groups following the camp. However, the increase in the total self

concept of the camp group did not prove to be significantly greater than that of the no-camp group, and so there was no basis for rejecting the null hypothesis.

The finding that all subjects scored very low on the Tennessee Self Concept Scale suggested that these children are troubled, unhappy and disturbed persons who dislike themselves. Consequently, therapy programs must continually be geared towards fostering higher levels of self-esteem in participants.

It was concluded that there is a need for future studies in this area, utilizing a greater number of subjects in order to increase the reliability of the results. Longitudinal measures of self concept should also be included to assess the long term effects of both the camping program and the Westfield program. It was further recommended that future studies include such measures as personality, recidivism, types of offense, length of stay in the institution, and intelligence quotients, in order to determine which adolescents are more likely to benefit from a survival camping experience.

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Chapter I

Introduction

Behaviorally disturbed children and adolescents are commonly characterized by their low self concepts. The more disturbed individuals usually end up in an institution where, it is hoped, rehabilitation will occur. However, if a child's negative behavior is controlled within the institution and he is subsequently discharged, he may nevertheless, not be considered rehabilitated. Rather, it is expected that the child's behavior will soon deteriorate and that he will need to return to institutional care unless his behavioral change was also accompanied by an improvement in self concept. Consequently, many rehabilitation institutions are geared not only towards the control and modification of behavior, but also towards enhancing the self concept of their residents. Westfield (1) is such an institution. Here the child's day is structured with specified times for rising, eating, washing, completing one's chores, attending school classes and recreation programs, for doing homework and for going to bed at night. There are rules and regulations with set consequences for those who do not adhere to them. All of this is to control behavior and prevent chaos by providing the children with order and stability in their lives. It also gives the children a greater feeling of security than they have previously experienced.

---

(1) Westfield is a government operated residential institution treating emotionally and behaviorally disturbed boys and girls in Edmonton, Alberta, Canada.

At Westfield there are also individualized treatment programs where the emphasis is not only on controlling behavior, but also on building up the child's feelings of self worth. To accomplish this, individual areas of strength and interest are sought out and built upon. Whatever a child's strengths are, the therapeutic goal becomes to provide him with recognition for these strengths and to improve his self concept.

The Outward Bound programs in Colorado, Minnesota, and Hurricane Island were established as an alternative to institutionalization and with the purpose of developing juvenile delinquents' feelings of competence and thus improving their self concepts and feelings of self worth. It was thought that by exposing adolescents to severe physical challenge and pushing them to their physical limits, these children would get an opportunity to actually demonstrate their competence to themselves. Kelly and Baer (1971), having studied the efficacy of these Outward Bound programs, stated that this approach was of sufficient value to recommend it as a supplement, if not an alternative, to institutionalization.

The question arose whether a positive change in self concept could be brought about from a program which would be similar to the Outward Bound programs, but which would be of a shorter duration and which would be an adjunctive treatment modality, rather than an alternative to institutionalization. Institutional treatment programs are very expensive to operate, and the social cost of emotional and behavioral disturbance is such that more effective methods of treatment must constantly be sought out. Therefore, if

behavior is related to self concept, and if self concept can be improved by a camping experience, then institutional child care programs should also involve their residents in camping experiences. This was the purpose of the present descriptive study: to explore whether a short term survival camping program could enhance the self esteem of participating institutionalized behaviorally disturbed boys from Westfield.

In the summer of 1974, six Westfield boys between the ages of twelve and sixteen took part in a five-day survival camp led by the author and a co-worker, Mr. D. Bentz (then recreational director of Westfield).

The Tennessee Self Concept Scale was administered to the boys both before and after the camp, and the results were compared to another group of Westfield boys who had not attended the camp, but had also completed Tennessee Self Concept Scales (T.S.C.S.).

Limitations of the Study

A major difficulty in researching the effectiveness of treatment programs is that of defining and controlling the variables. It can frequently be argued that the true independent variable was not necessarily the program itself, but rather the attitude, the personality, or other attributes of the program leaders. These variables were not controlled for in the present study. However, the camping program itself was carefully described in Chapter III in order that anyone wishing to replicate this study would be able to provide as close as possible an approximation of the camping

experience.

The small number of participating campers posed a problem for statistical inference. Yet due to the emotional and behavioral difficulties of the students, and to the nature of the program, it was deemed necessary to keep the group to a maximum of six. This however, was a descriptive study. Though an experimental design was used, the main objective of the study was not so much to establish a clearly defined causal relationship between the survival camping program and self concept, but rather to discover if there would be any impact on self concept, which would warrant future experimentation with the program.

This study did not have a true control group. Though the T.S.C.S. was administered on a pre and post test basis to a group of boys who did not take part in the camping experience, these boys were nevertheless involved in the various elements of the Westfield treatment program. Consequently, it might be expected that their self-esteem would be bettered during the period of time between pre and post tests. Again, however, since this was not a strict experimental study, a comparison group was deemed acceptable to explore if the camping experience was more effective in improving self concept than was the Westfield program.

Organization of the Study

Following the above introduction on the nature and purpose of the study, a condensed review of the literature related to the self concepts of behaviorally disturbed juveniles was presented.

In Chapter Three, the survival camping program was described in its various components. The study design was discussed in Chapter Four, along with the methods and procedures used in selecting the students and administering the T.S.C.S. The results and findings of the study were reported in Chapter Five. Chapter Six consists of a summary of the study, along with the conclusions that were reached and the recommendations made for future study.

Chapter II

Review of Related Literature

Introduction

Interest in the self is not a recent phenomenon. As a theoretical concept, it can be traced back to the seventeenth century when the French philosopher Descartes first discussed the "cognito," or self, as a thinking substance. Later thinkers such as Leibnitz, Locke, Hume, and Berkeley gave vigorous philosophical examination to the self. During the first forty years of this century, with the rising propensity of psychologists towards behaviorism, the self lost popularity as a theoretical construct. It was however kept alive by such men as Cooley, Mead, Dewey, and James, and since World War II, the concept of self, and other ancillary concepts such as self-actualization, self-image, self-esteem, and self concept have been strongly revived as subjects of psychological thought and study. (Hamachek, 1971)

Humanistic, or third force psychology, is the branch of psychology which deals with the concept of the self and other human experiences and expressions, such as love, creativity, and values, which psychology has long neglected. Humanistic psychology is related and can be traced to the philosophical principles of phenomenology and existentialism which originated with Husserl and Kierkegaard respectively. (Verneaux, 1964)

Phenomenology is a philosophy which stresses that reality lies not in the event, but rather in the phenomenon, which is the person's perception of the event. For the phenomenologist, one's

perceptions grow out of his own experiences, and the reality he responds to is his own.

Existentialism stresses an individual's responsibility for making himself what he is. It expresses the individual's intense awareness of his own existence and freedom to choose among alternatives for behaving. A main tenet of existentialism is the idea that man struggles to transcend himself, to reach beyond himself.

Alfred Adler, Karen Horney, Carl Rogers, and Abraham Maslow are all psychologists who deal with the self. They espouse a dynamic view of human behavior in the sense of seeing man as an active, choosing, conscious organism whose behavior is shaped by both internal and external forces. Moreover, they represent points of view that give man credit for not only assigning personal meaning to his perceptions and experiences, but for adjusting his behavior so it is consistent with his personal meanings. (Hamachek, 1971)

Self Concept Defined

Raimy, one of the first to make a proposition about self concept, stated that:

> The self concept is the more or less organized perceptual object resulting from present and past self-observation... (it is) what a person believes about himself. (Raimy, 1948, p. 154)

Most writers subsequent to Raimy have implicitly followed his definition; however, as noted by Balester (1956), there have been some confusions of definition, as many have described the functions and operations of self concept, but fewer have defined it.

Taylor advanced a definition:

> ...the phenomenologically unitary configuration of symbolic constructs with the self as referrent which the individual derives from experiences and utilizes as a frame for self-evaluation and understanding, and in perception and behavior related to the self. (Taylor, 1953, p. 7)

Fitts, who devised the Tennessee Self Concept Scale (T.S.C.S.) used in the present study, defined self concept in a context similar to Taylor's:

> The self concept is the phenomenological configuration of self-reflexive, affective-cognitive structure. (Fitts, 1954, p. 16)

Fitts recognized three principal parts of the self, which he referred to as subselves. These are the self-as-object (Identity Self); the self-as-doer (Behavioral Self); and the self-as-observer and judge (Judging Self). Using the subselves as a basis for determining self concept, he derived a pool of items from a number of other self concept scales, including those developed by Balester (1956) and Taylor (1953). Other items were derived from written self-descriptions of patients and non-patients. This led to the publication of the Tennessee Self Concept Scale in 1965. The chief advantage of this scale is that it has become widely used in self concept research. Fitts et al (1971) report that until 1959, almost 200 instruments had been cited as used for measuring self concept, and many more were devised after this. Consequently, it became very difficult to collate and integrate the existing self concept research.

The self concept as defined by Fitts in both theoretical and operational terms (by use of the T.S.C.S.) was adopted for the purpose of the present study.

Self Concept and Juvenile Delinquency

A basic proposition underlying the present study was that individuals exhibiting behavioral problems tend to suffer from a poor self concept. Rogers (1951) and Combs and Snygg (1959) have maintained that the self concept is a sensitive reflector of mental health at both ends of the continuum - mental illness and self-actualization. A number of articles and experimental studies have supported this position (Wylie, 1961; Gordon and Gergen, 1968; Coopersmith, 1967; Rosenberg, 1965; and Diggory, 1966). One of the earliest studies to support the stated proposition by focussing directly on the self concept of the delinquent was that of Balester (1956). Balester used one hundred self-appraising statements to derive a measure of self concept employing the Q-technique. Using male adults, male non-delinquents, and male delinquents in his study, he found that the magnitude of the Q-sort self concept score did not differentiate the adults from the non-delinquent youngsters. However, both these groups had significantly more positive self concept scores than did the delinquent subjects. Motoori (1963) also used the Q-technique to find that the "present self" of delinquents differed widely from that of a control group, but that their "ideal self" was quite similar. Deitche (1959) used the T.S.C.S. and found that non-delinquents could be differentiated from delinquents by their higher self concept scores. Atchison (1958), also using the T.S.C.S., found a statistically significant difference ($p < .01$) in self concept scores between two groups of ninth grade boys who had been classified

either as a behavior problem or as a non-behavior problem on the basis of teacher ratings. Though these boys were a behavioral problem, they had not as yet been classified as adjudicated delinquents. Epstein (1962) studied the delinquent female's self concept and reported that it was more negativistic than that of the non-delinquent female. Fitts and Hamner, having reviewed the literature and conducted a number of studies on the self concept of juvenile delinquents, summarized their conclusions in this way:

> It is clear that delinquent populations do differ markedly from non-delinquents in their self concepts. These self concepts are more negative, more uncertain, more variable, and more conflicted... Delinquents are down on society and often in conflict with society, but it seems safe to conclude that they have the same difficulties with themselves. (Fitts & Hamner, 1969, p. 20)

Self Concept and Behavior

A second premise underlying the present study was that behavior and self concept are interrelated, and that consequently, to rehabilitate persons of antisocial behavior, both self concept and behavior must be modified. Numerous writers, amongst them Stephenson (1953) and Hamachek (1971), have emphasized that a person will act like the sort of individual he perceives himself to be. Fitts and Hamner wrote:

> It is well known that juvenile offenders can and do, modify their behavior while they are within the controlled environment of a correctional institution. However, unless there is an accompanying change in self concept, we would not expect the new behavior to continue. (Fitts & Hamner, 1969, p. 33)

Joplin (1967) collected data which, when later analyzed by Fitts and Hamner (1969), clearly supported the above stated position. He administered the T.S.C.S. on a pre and post test basis to 28 Ss from the Highfields Center in New Jersey. Approximately two years later, he was able to collect follow-up data on the same 28 Ss. At that time, 11 of the 28 had drifted into additional difficulty, and were again confined to correctional institutions. Upon analyzing the data, it was discovered that those subjects who subsequently turned out to be non-recidivists also demonstrated the greatest and healthiest self concept changes during treatment. This indicates that the self concept should be a helpful criterion of rehabilitation progress. If a juvenile delinquent is discharged from an institution but still views himself as worthless, inadequate, and undesirable, he may not be truly rehabilitated.

Ameliorating a person's self concept is a difficult task; partly because it has been formed and strengthened by a lifetime's experiences, and partly because individuals who have a poor self concept will typically avoid many challenges, for fear of not being successful. This is a circular bind leading towards increasingly negative self-perceptions. Indications are that institutionalization per se does not alter self concept. Fitts and Hamner (1969) found that the length of time that had lapsed since commitment was not a significant factor in the self-perception of 96 males. Meese (1961) found some change in the self concept of institutionalized delinquents over a six-month period, but the change was not significant.

This does not necessarily mean that institutional programs cannot effect any changes on self concept. In fact, experiences which are meaningful and significant to the individual do generate self concept change. The previously discussed data of Joplin showed a significant increase ($p < .01$) in the self concept of 28 delinquents following their stay at Highfields, where personal adjustment was stressed rather than vocational and academic training. The mean total self concept score for this group, using the T.S.C.S., fell at the 20th percentile on the pre-test, and went up to over the 50th percentile after an average stay of eight months in the program.

This was an especially significant change because, according to Fitts and Hamner (1969), the T.S.C.S. measures such basic and stable elements of the self concept, that this measure does not change readily. Consequently, many studies that used the T.S.C.S. did not show significant changes as a result of counseling and therapy programs. Fitts and Hamner (1969) concluded that the T.S.C.S. was not very sensitive to temporary or superficial changes in the individual.

The Westfield Treatment Program

Westfield is located in a residential area in the City of Edmonton. The complex consists of five totally self-contained residences for seventy-two boys and girls between the ages of six and sixteen. An additional ten children attend a day program at Westfield, and another forty children live in Westfield's six group homes which are situated in various residential districts in the city.

The children are cared for by a staff who work together on a team basis. The staff must all be familiar with the goals and objectives for each child. Therefore, time is spent in meetings and individual encounters away from the children to work out any differences of opinion with regards to the child's treatment program. The "key worker" concept has been adopted in most of the Westfield units. This consists of one Child Therapy Counselor being responsible for setting up and maintaining a good treatment program for one or two designated children. Thus, it is the key worker's responsibility to present the treatment program to the whole team of staff and to make sure that it is understood and will be implemented by all.

The Westfield school program was designed to meet each student's individual needs. The teachers have from four to eight students in their classrooms and the emphasis is on getting the students to develop a sense of success and achievement in their work.

Westfield also has a recreation program which is tied in with the treatment goals. There is an indoor swimming pool which is used extensively for individual and group swimming lessons and for general recreation. There are organized team sports, however the emphasis is on getting the children to join community teams in order that they can learn to cope with the environment to which they will eventually return.

The overall supervision of the medical needs of the children is the responsibility of the Westfield nurse. When a child first

arrives at Westfield, he is seen by either of two consulting physicians, and any instruction for medication or treatment is given to the staff by the nurse.

Every child at Westfield is conferenced every three months by the total treatment team. This team consists of the director, the child therapy counselor from the residence, the nurse, the recreation director, the Westfield social worker, the social worker from the community, the assistant principal of the Westfield school, the teacher from Westfield or the teacher and counselor from the community school, the psychologist, and at times, the consulting psychiatrist. The child may also attend the conference if he wishes to and if it is deemed beneficial that he be present. At this conference, emphasis is placed on developing a better understanding of the child's needs and problems, and on setting short and long-term goals for the child. (Frauenfeld, 1974)

Family contact and involvement is seen as vital in the overall treatment program for each child. Howard (1973) found that family involvement in treatment and the extent of therapy the families were exposed to, was an important variable in the successful treatment of Westfield children. Another finding of Howard's (1973) follow-up study was that "positive adaptation to the institution did not forecast adequacy in the post-Westfield environment..." (Howard, 1973, p. 80) Once again, this would indicate that behavior control in itself is not a sufficient indicator of rehabilitation. Howard suggested that "the nature of situational factors after discharge were the most predictive of post institutional adap-

tation." (Howard, 1973, p. 81) However, the earlier mentioned data of Joplin (1967) would suggest that an equally significant predictor of post institutional adaptation for Westfield residents might be the self concept changes they underwent during treatment.

Camping Programs and Self Concept

Hoping to obtain better rehabilitation results, many individuals responsible for treatment programs have looked for alternatives to institutionalization. The above mentioned Outward Bound programs of Colorado, Minnesota, and Hurricane Island consist of adventure camps which treat juvenile delinquents without institutionalizing them.

A major study by Kelly and Baer (1968) reviewed the impact that these three programs had on participating juvenile delinquents. Though this study did not include a measure of self concept, the Outward Bound programs were designed for, and they aimed at, the building up of self concept through the development of higher levels of competence.

> ...the adolescent is called upon to achieve beyond what he believed he was capable; to demonstrate his competence in the most meaningful way - by action. An underlying assumption of the present study was that by participating in an Outward Bound program the delinquent's self-concept would improve and he would adopt a more socially acceptable mode of behavior. (Kelly and Baer, 1968, p. 5)

Using the incidence of recidivism as a measure of behavior change, Kelly and Baer found that there was significantly less recidivism ($p < .01$) on the part of those juveniles who took part in the Outward Bound programs than there was in a comparison group placed in

regular public institutions.

A similar study by Willman and Chun (1972) looked at the outcome of the Homeward Bound program in Massachussetts. Homeward Bound is based on the same premise as is the Outward Bound programs, that is, that by developing higher levels of competence in participants, self concept will also improve, and antisocial behavior will diminish. They found that only 20.8 percent of the Homeward Bound group recidivated, as compared to 42.7 percent of the control group.

In 1972, 51 patients from the Oregon State Mental Hospital were taken out on an adventure camp with similar aspects to Outward Bound programs. Jerstad and Stelzer (1973) reported clearly observable changes in the self confidence, sense of accomplishment, and overall level of adjustment of participating patients.

> A measurable indication of the 1972 program's success is revealed in the fact that 31 of the 51 patients involved have been released from the hospital, including one individual who had been hospitalized for 24 years. (Jerstad and Stelzer, p. 11)

A master's thesis by Johnson (1972) reported that two survival camps with adolescent boys had increased the self confidence of participants.

Collingwood reported that following a three-week survival camping experience with inner city delinquents, the participants were "...able to leave the program not only with a sense of accomplishment, but with more effective behavior and attitudes relevant to rehabilitation." (Collingwood, 1972, p. 25)

Adams (1969) used the T.S.C.S. to assess the effects of a 30-day survival course on self concept. He found a significant change ($p < .05$) in the mean total self concept of the 19 institutionalized adolescents who participated in the camp. Howard (1970) obtained similar results following a 26-day survival experience.

The purpose of the present study was to explore whether a short, five-day survival camping program would have some similar impact on the self concepts of participating Westfield boys.

Chapter III

The Survival Camping Program

Wittacker (1974) has stated that people generally assume the position: "I am what I can do," and that consequently, therapeutic child care should consist of teaching competence at the intrapersonal, the interpersonal, and the extrapersonal levels. This is the premise on which the Outward Bound programs were based, where it was recognized that merely telling an adolescent that he is capable of doing more than he thinks he can, will not usually be of much help to him. What the youth needs is a devised set of circumstances whereby he can demonstrate his competence to himself. To accomplish this, Outward Bound exposes adolescents to severe physical challenges and pushes them to their physical limits.

The survival camping program used in this study varied from the Outward Bound program in some of its elements, but it too aimed at enhancing self concept through the development of participants' competence. The program was developed by Gene Cummings, former director of staff development for Washington State Mental Health Programs. The various components of the camp are described below.

Life Stress

Life stress results from the survival element of the camp. Though participants were not in any real danger during the camp (the therapists knew where they were, and in an emergency, they could reach help), attempts were made to closely approximate a real survival situation. The camp took place in an uninhabitated wilderness

area, and only limited food supplies were brought in along with other basic necessities such as rain wear, a knife, and a sleeping bag. Participants soon learned that they were dependent on their own resources and initiative to survive. They were put in a situation where they believed, "I am going to have to produce or it could be critical."

A very strong feeling of self-sufficiency can be derived from the realization that one can, and has mastered the perils of a storm in the forest, or that he could live for months in this environment, relying only on his own resources to keep warm, conserve energy, gather edible plants, and trap or snare animals. The novice camper, of course, is not adequately prepared to survive on his own; he could not be self-sufficient. Therefore, at the beginning of the camp, participants were divided into camping groups of three. Thus, initially they depended, not only on themselves, but also on their team-mates and on the expertise of the therapist. Throughout the week, however, everyone was preparing himself for an overnight solo. This was a time when each camper was spotted in an area away from everyone else, to spend a day and a night alone. He then had to manage on his own, relying completely on his personal resources and on the knowledge and expertise he had acquired during the week.

Fear Stress

It is generally recognized that situations of crisis are an opportune time for therapeutic intervention. For example, an alcoholic may not seek help until the day when his (or her) children are apprehended for neglect. This crisis can be significant enough

to make the alcoholic realize the seriousness of his situation. In the psychotherapeutic survival camp, fear stress produces a similar situation to that of a crisis. Participants were initially introduced to moderate fear stress activities such as walking a zip line (a tight rope stretching between trees with a balancing line)[1] and they progressed on to the more challenging feats of scaling a rock face and rappelling down a cliff. These exercises, though they can be quite safe with the use of a safety line, are nevertheless very frightening for the inexperienced individual. Yet the main barrier to participation is usually only fear; the tasks themselves are simple. Fear stress exercises were constructed to make participants honest with themselves and the rest of the group. They tend to break down defense mechanisms, and facilitate the dropping of facades.

Another therapeutic aspect of fear stress situations is that they tend to be fun and exciting. Social theorists have frequently been baffled by the non-utilitarian nature of many delinquencies, and some, like Cohen (1969) have advanced theories to explain this phenomenon. Yet it is also plausible to assume that adolescents frequently commit delinquencies for the simple reason that it provides them with fun and excitement. Climbing and rappelling cliffs can fulfill this need in the juvenile and bring him to the realization that there are alternate means whereby he can experience fun

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1. A series of such exercises are described in "Project Adventure" - Adventure Curriculum: Physical Education, 1974. 775 Bay Road, Hamilton, Massachussetts, U.S.A., 01936

and excitement without any of the problems of negative legal or social consequences.

Skills Development

During the camp, participants learned such skills as shelter construction, making hunting weapons, snaring, plant identification, lighting fires, orienteering, and sending S.O.S. signals. This provided them with the opportunity to show themselves that they could undertake and complete a constructive project. Through the process of experiential learning, they were developing a level of competence which presumably led to a better and more positive self concept.

Environmental Manipulation

This consisted of solving a number of initiative tests, or activity problems. An example is the twelve-foot wall. The objective was to get the entire group over to the other side of the wall. Individuals had to work as a team, discovering alternatives in the tackling of the problem, and figuring out how to get the last member over the wall after everyone else had already completed the task! Such activities usually build up the cohesiveness of the group and help in "legitimizing norms for operation." Through these experiences, participants learn how to react to other individuals on an interpersonal level.

Legitimizing Norms for Operation

Success of the program depended largely on the ability of both leader and participants to legitimize norms for operation by

creating a socially and emotionally safe environment for interaction. Carkhuff and Berenson (1967) found that success in psychotherapy most often is more contingent upon certain qualities in the therapist than upon the latter's model of treatment. They found that people exhibiting high levels of empathy, respect, warmth, concreteness, and genuineness were more likely to help their clients than others operating at lower levels in these same areas. It would be expected therefore, that such characteristics in the group leader would increase the probability of participants' self-disclosure, risk-taking, and personal growth.

Rather than assuming a purely didactic role, the therapists acted as facilitators to experiential learning, encouraging the campers to discover their own answers and solutions to problems. The purpose for this was to make individuals become aware of their own resources and experience a greater sense of accomplishment once the task was completed. Some instruction was necessary, e.g. which plants were edible and which were poisonous; or how to use the rope in rappelling. The emphasis, however, was on experiential learning with the facilitators presenting the group with various exercises to do, providing them with encouragement, dropping cues at appropriate times, and helping participants to evaluate their experiences.

Debriefing

All main camp activities such as the rock climb and the initiative exercises were followed by debriefing sessions wherein participants met as a group to discuss and share their experiences. Through these meetings, a better understanding of the exercise or

problem can be developed. Participants may realize that fear frequently prevents them from meeting new challenges. They can come to grips with their fear and realize that though it is a natural reaction, it may not be commensurate with the actual severity or demands of a given situation. They come to realize that people are often afraid because they do not understand the problem or the situation.

Through the debriefing sessions, it is hoped that exercises and experiences will be translated into personal insights and be transferred to one's life situation back at the institution. For example, a person may find himself stuck in the middle of his ascent on a rock face. He cannot find another foot hold. How does he handle this situation? There is a way out: eventually he will find some small hold on the rock. During the debriefing session this person may discover an existential meaning in this experience. Faced with a situation where he had to seek alternatives, he eventually found them. How does he meet obstruction to goals in his everyday life? If he typically gives up, he may now feel more competent to tackle new challenges.

In order to help with the process of transfering camp experiences to everyday life situations at the institution, a camera was brought along to capture some of the highlights of the camp. If, through a meeting or a slide viewing session, significant parts of the camp can be relived, one is more likely to benefit from the whole experience.

Chapter IV

Study Design

Population

The children and adolescents admitted to Westfield are not all adjudicated juvenile delinquents. They come to Westfield under one of the following statuses:

(a) Permanent wardship - this includes those children whose parents or guardians have come to relinquish all their rights to the welfare of the child, following a decision by a judge of the District Court.

(b) Temporary wardship - includes those children who, having appeared before the Juvenile and Family Court, were made wards of the crown, committed to the care of the Director of Child Welfare, for a usual period of six months or a year. Temporary wardship may be granted either under the Child Welfare Act, or the Juvenile Delinquency Act.

(c) Custody by Agreement - includes those children whose parents have requested assistance due to their inability to cope with, or control their child's behavior.[1] (Howard, 1973)

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1. Beginning in January of 1975, a new day program was initiated at Westfield and some of the children in this program are admitted under a "Services to the Handicapped" agreement. This is a signed agreement between Westfield and the parents, but the parents do not relinquish custody of their children even during their stay at Westfield.

Referrals to Westfield come from the Admission Committee of the Department of Social Services and Community Health for the province of Alberta. The children and adolescents, whether adjudicated delinquents or not, are not sent to either Westfield, or any other institution directly by the courts. Consequently, though the majority of Westfield residents have been involved in one form or another with infractions of the law, they cannot all be classified as adjudicated juvenile delinquents. However, all of the Westfield residents have been considered a behavioral problem at home, in the school, or in the community, and their problems were deemed severe enough to warrant institutional placement.

The Instrument

Fitts (1965) stated that the T.S.C.S. was developed out of a need for a scale that would be simple for the subject, widely applicable, well standardized, and multi-dimensional in its description of the self concept. The scale consists of 100 self-descriptive statements which the subject uses to portray his own picture of himself. It is self-administering and can be used with subjects of age twelve or older, with at least sixth grade reading ability.

The profile sheet of the T.S.C.S. is broken down into three rows and five columns, each measuring one aspect of the subject's self concept. From these sub-scores is derived an overall score which is referred to as the "Total P Score." This is the most

important single score on the form and it reflects the overall level of self-esteem. It is this score which is used as the measure of self concept in the present study. (Appendix C)

The standardization group from which the norms were developed was a broad sample of 626 people. The sample included people from various parts of the U.S.A., and age ranges from 12 to 68. There were approximately equal numbers from both sexes, representatives from all social, economic, and intellectual levels and educational levels from sixth grade through to the Ph.D. degree.

Though it would have been possible to expand the norm group considerably, this was not done because it was found that samples from other populations do not differ appreciably from the norms, and the effects of such demographic variables as sex, age, race, education, and intelligence on the scores of this scale are quite negligible.

Procedures

The supervising social workers in charge of the Westfield units, cottages, and group homes, were asked to submit to the author, the names of those male residents under their care who fit the following criteria:

(1) They would remain residents of Westfield during the month of July in the summer of 1974, and would be available to attend a five-day camp.

(2) Their physical health should be good enough to allow them to engage in strenuous physical activities.

(3) They should be of age twelve or over, and should have attained a grade six level of reading skills (in order to complete the T.S.C.S.)

The names of twenty residents were received. Six of the twenty had to be eliminated when it was discovered, under closer examination, that they did not read at the grade six level in both word meaning and comprehension. (Determined by the Stanford Diagnostic Reading Test)

Of the fourteen boys who were left, the names of six were randomly selected to take part in the camp. Then six more names were randomly drawn to make up a no-camp comparison group. The ages of the boys in both the camp and the no-camp groups ranged from twelve to fifteen years.

The six selected candidates for the camping experience were invited by letter to attend a meeting where the nature of the camp was explained. The boys were given the choice whether or not they would like to attend the camp and one of them decided against it. Another name was drawn to replace him and this student agreed to take part after the nature of the camp was explained to him. The T.S.C.S. was administered to the twelve boys, including both the camp and the no-camp group, one week prior to the date set for the camp. Participants in the camping experience were then notified by letter of the particulars regarding time of departure and other details. (Appendix B)

The survival camp took place from July 15th to July 21st,

1974, in the Willmore Wilderness near the Rock Lake area, which is approximately two hundred and twenty miles from Edmonton, Alberta. The survival camping program followed the outline previously described in Chapter III.

One month after the camp, a follow-up meeting was held to recall the experience and view slides depicting the highlights of the camp. The six boys from the camp group and the two camp leaders were present at this meeting.

Two months after the camp, the T.S.C.S. was again administered to both the camp and the no-camp groups and the results were compared.

Treatment of Data: Null Hypothesis

Null Hypothesis: The self concept scores of the camp group did not increase by a greater amount than those of the no-camp group.

A t-test for gain scores of independent samples was used to test the null hypothesis. .05 was selected as an acceptable alpha level determining the confidence limit for this test.

Chapter V

Results

Graph 1 shows the total P scores and the percentile scores of the 12 subjects on the pre-test of the T.S.C.S. The mean total P score for both groups on the pre-test was 297.3, which placed them approximately at the 7th percentile in comparison to the norm on which the T.S.C.S. was based. These results were consistent with the findings of Fitts (1969).

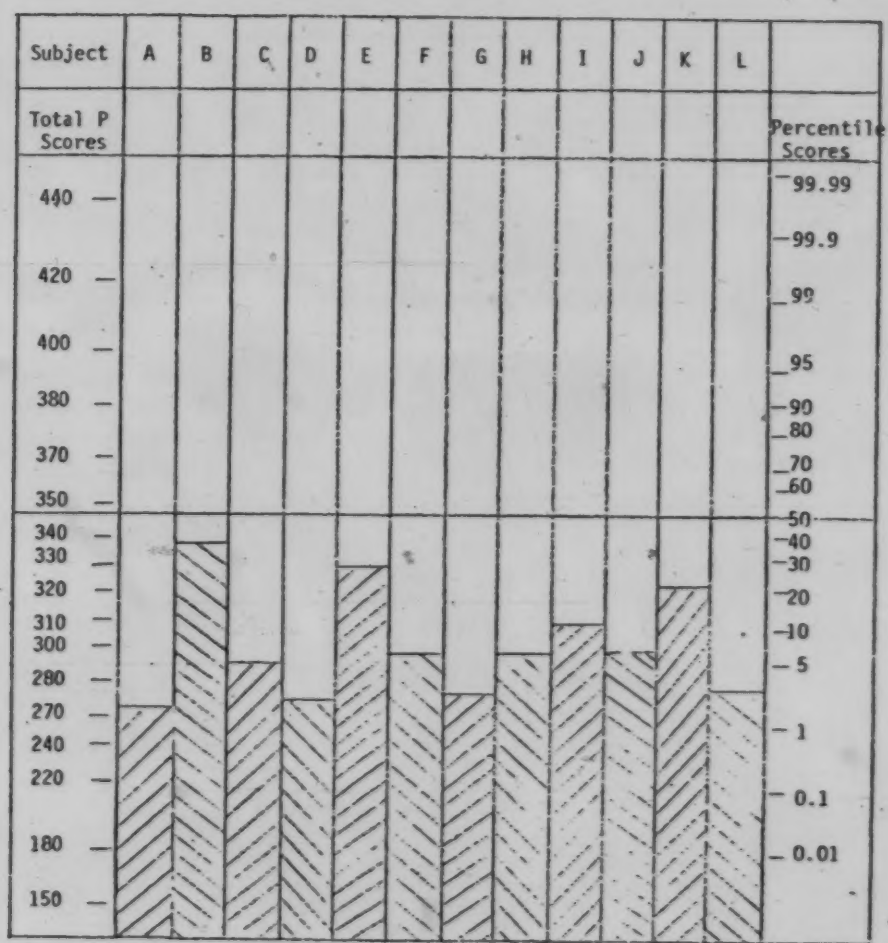
The results for both the camp group and the no-camp group on the pre and post-tests are shown in Graphs 2 and 3 respectively. The total self concept score increased for four out of the six camping boys. However, four out of the six no-camp boys also showed an increase in total self concept scores on their post-test.

The sum of the difference between pre and post-tests for the camp group was 53, giving a mean total P gain score of 8.83. (Table 1) For the no-camp group (Table 2), the sum of the difference was 12 and the mean gain in self concept was 2 points on the total P score. Thus, both groups showed a better self concept on the post-test than on the pre-test.

To determine the statistical significance of these results, a t-test for gain scores of independent samples was computed. (Table 3) The results from the t-test indicated that there is no basis for rejecting the null hypothesis of no difference. The difference between the two groups was not significant at the .05 level of confidence.

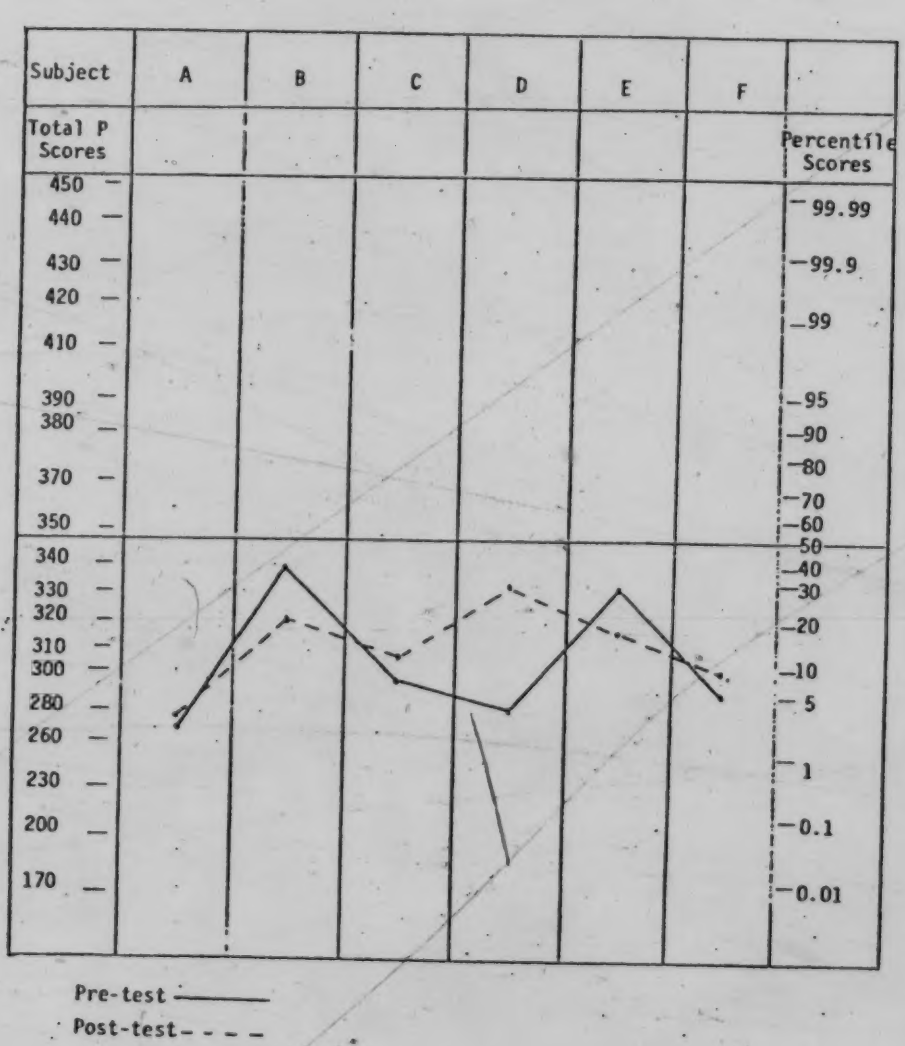
Graph 1

Total P Scores and Percentile Scores for the 12 Subjects on the Pre-Test



Graph 2

Results of Pre and Post-test for the Camp Group



Graph 3

Results of Pre and Post-test for the No-Camp Group

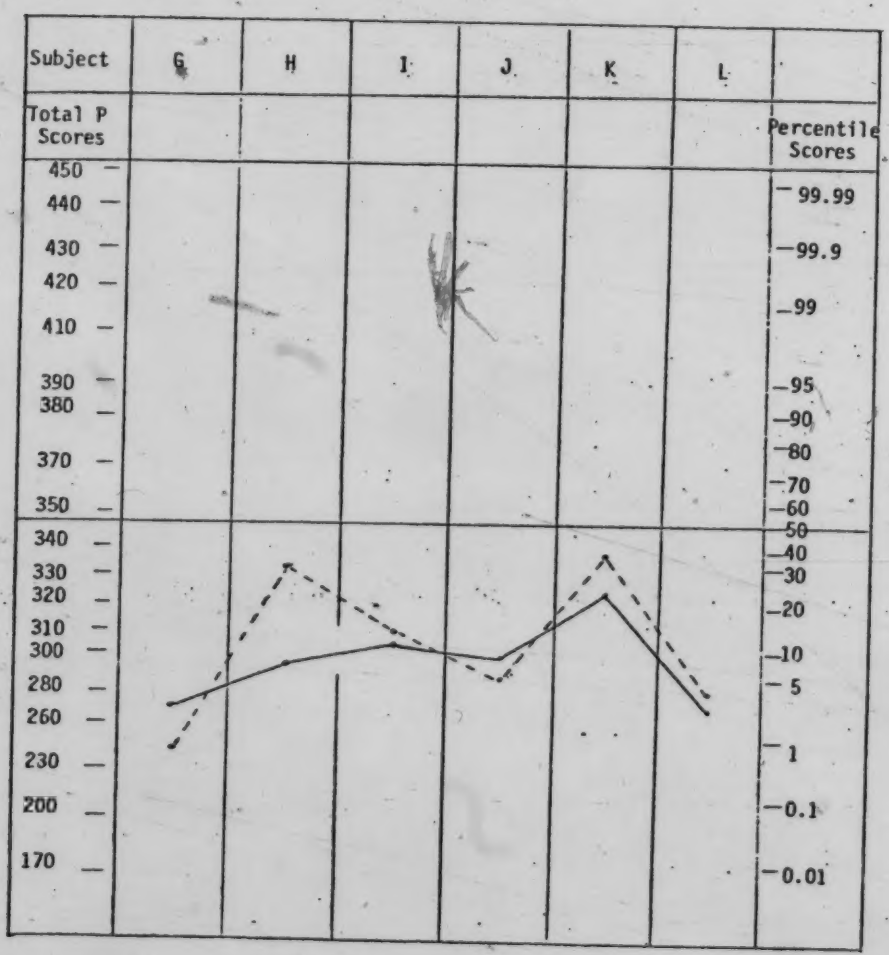


Table 1

Total P Gain Scores for Camp Group

Subject	Post-test	-	Pre-test	=	Gain Score
A	274	-	266	=	8
B	318	-	338	=	-20
C	302	-	291	=	11
D	331	-	270	=	61
E	317	-	330	=	-13
F	302	-	296	=	6
					Total = 53

Table 2

Total P Gain Scores for No-Camp Group

Subject	Post-test	-	Pre-test	=	Gain Score
G	243	-	274	=	-31
H	333	-	296	=	37
I	310	-	309	=	1
J	286	-	297	=	-11
K	336	-	323	=	13
L	280	-	277	=	3
					Total = 12

Table 3

Computation of the T-Test for Gain Scores

Null Hypothesis: Ho: $\mu_1 - \mu_2 \leq 0$

Alternative Hypothesis: H_1: $\mu_1 - \mu_2 > 0$

Level of Significance: $\alpha = .05$ This is a one-tail test for independent samples.

Sampling Distribution: t. Degrees of Freedom is $N_1 + N_2 + 2 = 14$

Decision Rule: for a critical α value of .05 and d.f. of 14, t = 1.761 as per table B of Ferguson (1971). Therefore, reject Ho is $t \geq 1.761$ and do not reject Ho if $t \leq 1.761$

Computation

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s^2}{N_1} + \frac{s^2}{N_2}}} \qquad s^2 = \frac{\sum^{N_1} s^2 - N_1\bar{x}_1^2 + \sum^{N_2} x^2 - N_2\bar{x}_2^2}{N_1 + N_2 - 2}$$

Given the data:	Camp group	No-camp group
N =	6	6
Σx =	53	12
$\bar{x}$ =	8.83	2
Σx^2 =	4511	2630

t = 0.46

Decision: Do not reject the null hypothesis. There is no evidence that $\mu_1 > \mu_2$ at the .05 level of confidence.

Chapter VI

Summary, Conclusions, and Recommendations

Summary

Twelve boys, ages twelve to fifteen, were randomly selected from Westfield residents to take part in an exploratory study to discover if a short term survival camping program would have a positive impact on the self concept of participants. Six of the boys participated in the camp, and the other six made up a no-camp comparison group. The T.S.C.S. was administered to both groups before and after the camp and the results were compared to determine if the camp group had attained a greater gain in self concept than the no-camp group.

All twelve boys scored very low on the T.S.C.S. The mean total P score (which is the most significant single score measuring overall self concept) was well below the norm and indicated that approximately 93% of the population (on which the test was normed) have a higher, more positive self concept than do these Westfield residents.

Results from pre and post-tests did not indicate that the camp group gained more in self concept than did the no-camp group; the difference between the two groups did not prove to be statistically significant.

Conclusions

The very low self concept scores of all twelve Westfield subjects is consistent with the reportings of Fitts (1969) that

the typical delinquent is a troubled, unhappy, and disturbed person who dislikes himself and has a negative self concept. It can be concluded that Westfield residents as a whole, are characterized by negative self concepts and that the therapy programs must continually be geared towards fostering higher levels of self-esteem in residents.

The purpose of this study was to explore the possible value of a short term survival camp in enhancing the self concept of Westfield residents. The results indicated that both groups gained in self concept, but since the difference between groups was not significant, the results do not support the hypothesis that there was a greater increase in total self concept scores for the camp group than for the no-camp group. Yet the fact that both groups improved is encouraging. It indicates that participants in the study probably did gain in competence and learn some new coping skills which made them feel better about themselves. This becomes especially important considering the findings of Carkhuff (1969) that not only do growth and deterioration processes take place at crisis points in one's life, but also these processes are cumulative; that is, the response that one makes in one crisis point increases the probability that he will respond in a similar way at a next crisis point. Thus the camping experience may be playing its part in the beginning of a slow and gradual process of growth in self concept and positive behavior change for participants.

Recommendations

Future researchers in this area should consider using a greater number of subjects in their study. This would probably necessitate the organization of several camps, perhaps led by different leaders. However, if a considerable change in self concept did occur for the camp group, there would be a greater probability of discovering the significance of this change through statistical analysis.

It would be useful to include some measure of personality in future studies in order to assess whether survival camping programs have a greater therapeutic effect on some types of adolescent disturbances than others. Also, it would be useful to compare the effect that a camp can have on recidivists as opposed to first offenders. Such variables as types of offense committed, length of stay in the institution, and participants' Intelligence Quotients would also provide useful information for determining which adolescents would be most likely to benefit from a survival camping experience. Longitudinal measures of self concept would also be useful to assess the long term effects of both the survival camping program and the Westfield treatment program.

Some modifications in the survival camping program itself could probably lead to greater changes in self concept. The duration of the camp, especially, should be increased to approximately two weeks. This would still be a relatively short term treatment program, but it would allow more time for integration of the expe-

rience and it would make the survival component of the camp much more real. It is important in this program, that participants come to feel that they really depend on their own resources to cope and that they cannot pass the responsibility on to the camp leaders or other participants for their survival. Extending the camping time to two weeks, and locating the camp in a very remote area would help in attaining this end.

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APPENDIX A

THE LETTER OF INVITATION TO SELECTED CAMP PARTICIPANTS

Alberta MEMORANDUM

HEALTH AND
SOCIAL DEVELOPMENT

FROM Pierre Berube
Social Worker

OUR FILE REFERENCE

YOUR FILE REFERENCE

TO A. G. Frauenfeld, All Social Workers, D. Bentz, J. Paterson

DATE July 5, 1974

TELEPHONE

TO:

SUBJECT RE: Survival Camp
Monday July 15 to Sunday July 21

Mr. Donavon Bentz and I will be taking a small group (approximately six) of interested boys on a survival camp during the week of July 15th to the 21st.

You have been selected as one of the possible candidates for this camp. If you are interested, please arrange to be present at a meeting where we will be discussing the camp. The meeting will be on Monday, July 8, at 7 p.m. in Unit III.

You will need to be on either yellow or green in order to attend this camp.

See you on Monday night.

Sincerely

P. Berube

P. Berube, Social Worker
WESTFIELD

PB:pc

A. G. FRAUENFELD
Director

APPENDIX B

THE LETTER TO CAMP PARTICIPANTS OUTLINING REQUIRED SUPPLIES

July 8, 1974

TO:

RE: Camp July 15th to 21st

We will be leaving for the Rock Lake area at 9:30 A.M. on Monday, July 15th. Please be at Westfield by this time. Our return will be on Sunday afternoon, but the exact time is difficult to predetermine.

Please bring yourselves a lunch for Monday noon. We will be stopping in at a picnic site on the way for lunch. (This will be our last big meal for the week).

Things you will need to bring:

- warm clothing to last the seven days. (It is better to have more layers of clothing rather than a heavy parka). But remember that it can get quite cold in the foothills at this time of year.
- good walking footwear (Boots preferable if you have some).
- you may bring a camera if you have one
- a hat
- hunting knife if you have one (If not, we will provide you with one).
- backpack and sleeping bags if you have them (If not, we will provide).

Do NOT Bring: comb, hairbrushes, flashlights, candy, or anything else that is not listed above.

P. Berube, Social Worker
WESTFIELD

A. G. FRAGENFELD,
Director

APPENDIX C

THE TENNESSEE SELF CONCEPT SCALE QUESTIONNAIRE

INSTRUCTIONS

On the top line of the separate answer sheet, fill in your name and the other information except for the time information in the last three boxes. You will fill these boxes in later. Write only on the answer sheet. Do not put any marks in this booklet.

The statements in this booklet are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item! Read each statement carefully; then select one of the five responses listed below. On your answer sheet, put a circle around the response you chose. If you want to change an answer after you have circled it, do not erase it but put an X mark through the response and then circle the response you want.

When you are ready to start, find the box on your answer sheet marked time started and record the time. When you are finished, record the time finished in the box on your answer sheet marked time finished.

As you start, be sure that your answer sheet and this booklet are lined up evenly so that the item numbers match each other.

Remember, put a circle around the response number you have chosen for each statement.

Responses-	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

You will find these response numbers repeated at the bottom of each page to help you remember them.

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Page 1

	Item No.
1. I have a healthy body	1
3. I am an attractive person	3
5. I consider myself a sloppy person	5
19. I am a decent sort of person	19
21. I am an honest person	21
23. I am a bad person	23
37. I am a cheerful person	37
39. I am a calm and easy going person	39
41. I am a nobody	41
55. I have a family that would always help me in any kind of trouble	55
57. I am a member of a happy family	57
59. My friends have no confidence in me	59
73. I am a friendly person	73
75. I am popular with men	75
77. I am not interested in what other people do	77
91. I do not always tell the truth	91
93. I get angry sometimes	93

Responses-	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

	Item No.
2. I like to look nice and neat all the time	2
4. I am full of aches and pains	4
6. I am a sick person	6
20. I am a religious person	20
22. I am a moral failure	22
24. I am a morally weak person	24
38. I have a lot of self-control	38
40. I am a hateful person	40
42. I am losing my mind	42
56. I am an important person to my friends and family	56
58. I am not loved by my family	58
60. I feel that my family doesn't trust me	60
74. I am popular with women	74
76. I am mad at the whole world	76
78. I am hard to be friendly with	78
92. Once in a while I think of things too bad to talk about	92
94. Sometimes, when I am not feeling well, I am cross	94

Responses-	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

	Item No.
7. I am neither too fat nor too thin	7
9. I like my looks just the way they are	9
11. I would like to change some parts of my body	11
25. I am satisfied with my moral behavior	25
27. I am satisfied with my relationship to God	27
29. I ought to go to church more	29
43. I am satisfied to be just what I am	43
45. I am just as nice as I should be	45
47. I despise myself	47
61. I am satisfied with my family relationships	61
63. I understand my family as well as I should	63
65. I should trust my family more	65
79. I am as sociable as I want to be	79
81. I try to please others, but I don't overdo it	81
83. I am no good at all from a social standpoint	83
95. I do not like everyone I know	95
97. Once in a while, I laugh at a dirty joke	97

Responses-	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

Item No. 52

8.	I am neither too tall nor too short	8
10.	I don't feel as well as I should	10
12.	I should have more sex appeal	12
26.	I am as religious as I want to be	26
28.	I wish I could be more trustworthy	28
30.	I shouldn't tell so many lies	30
44.	I am as smart as I want to be	44
46.	I am not the person I would like to be	46
48.	I wish I didn't give up as easily as I do	48
62.	I treat my parents as well as I should (Use past tense if parents are not living).	62
64.	I am too sensitive to things my family say	64
66.	I should love my family more	66
80.	I am satisfied with the way I treat other people	80
82.	I should be more polite to others	82
84.	I ought to get along better with other people	84
96.	I gossip a little at times	96
98.	At times I feel like swearing	98

Responses –	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

		Item No.
13.	I take good care of myself physically	13
15.	I try to be careful about my appearance	15
17.	I often act like I am "all thumbs"	17
31.	I am true to my religion in my everyday life	31
33.	I try to change when I know I'm doing things that are wrong	33
35.	I sometimes do very bad things	35
49.	I can always take care of myself in any situation	49
51.	I take the blame for things without getting mad	51
53.	I do things without thinking about them first	53
67.	I try to play fair with my friends and family	67
69.	I take a real interest in my family	69
71.	I give in to my parents. (Use past tense if parents are not living)	71
85.	I try to understand the other fellow's point of view	85
87.	I get along well with other people	87
89.	I do not forgive others easily	89
99.	I would rather win than lose in a game	99

Responses -	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5

		Item No.
14.	I feel good most of the time	14
16.	I do poorly in sports and games	16
18.	I am a poor sleeper	18
32.	I do what is right most of the time	32
34.	I sometimes use unfair means to get ahead	34
36.	I have trouble doing the things that are right	36
50.	I solve my problems quite easily	50
52.	I change my mind a lot	52
54.	I try to run away from my problems	54
68.	I do my share of work at home	68
70.	I quarrel with my family	70
72.	I do not act like my family thinks I should	72
86.	I see good points in all the people I meet	86
88.	I do not feel at ease with other people	88
90.	I find it hard to talk with strangers	90
100.	Once in a while I put off until tomorrow what I ought to do today	100

Responses-	Completely false	Mostly false	Partly false and partly true	Mostly true	Completely true
	1	2	3	4	5